

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90079 027 ***150.00

0363695 AB

DOCUMENT # F96000003192

1. Entity Name

GATEWAY COMPANIES, INC.

Principal Place of Business

**610 GATEWAY DRIVE
 NORTH SIOUX CITY SD 57049**

Mailing Address

**PO BOX 2010 TAX DEPT Y-15
 N. SIOUX CITY SD 57049-3199**

2. Principal Place of Business

3. Mailing Address

610 Gateway Drive

Suite, Apt. #, etc.

Tax Dept. Y-15

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

46-0431398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☒ Delete
 NAME **Pr- BURKE, JOSEPH**
 STREET ADDRESS **4545 TOWNE CENTRE CT.**
 CITY-ST-ZIP **SAN DIEGO CA 92121**

TITLE ☒ Delete
 NAME **SD ELLIOTT, WILLIAM M**
 STREET ADDRESS **4545 TOWNE CENTRE CT.**
 CITY-ST-ZIP **SAN DIEGO CA 92121**

TITLE ☐ Delete
 NAME **T HARVEY, RANDALL D**
 STREET ADDRESS **610 GATEWAY DR.**
 CITY-ST-ZIP **N. SIOUX CITY SD 57049**

TITLE ☐ Delete
 NAME **S HELM, STEPHANIE**
 STREET ADDRESS **4545 TOWNE CENTRE CT.**
 CITY-ST-ZIP **SAN DIEGO CA 92121**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **President Brown, Bart R.**
 STREET ADDRESS **14303 Gateway Place**
 CITY-ST-ZIP **Poway CA 92064**

TITLE ☐ Change ☒ Addition
 NAME **Secretary Chaudhri Javade**
 STREET ADDRESS **14303 Gateway Place**
 CITY-ST-ZIP **Poway CA 92064**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Asst. Treasurer Fox, Steven A.**
 STREET ADDRESS **610 Gateway Drive**
 CITY-ST-ZIP **N. Sioux City SD 57049**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Treasurer

2-7-02 605232-2000

Date

Daytime Phone #

CR2E034 (9/01)